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05/25/2005 MBEYENE2 00000205 0966	53338	<i>y</i> a	transmitted to the USI		(Depositor's name)	
01 FC:1501 1400.00 DA		TA TRADEMAR			(Signature) (Date)	
APPLICATION NO. FILIN	NG DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/663,338 09/	15/2000	Karl	Gfeller	66457-134-7	1874	
TITLE OF INVENTION: MICROSCAN	N GUIDANCE			· .		
APPLN. TYPE SMAL	L ENTITY ISSU	JE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO \$	1400	\$0	\$1400	07/25/2005	
EXAMINER	ART	TUNIT	CLASS-SUBCLASS			
JERABEK, KELLY L	2	2612 348-208990				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>		(1) the na or agents (2) the na registered 2 registered	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee recordation as set forth in 37 CFR 3.1				nee is identified below, the	locument has been filed for	
(A) NAME OF ASSIGNEE	1. Completion of and form is		CE: (CITY and STATE OR CO			
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Please check the appropriate assignee ca	tegory or categories (will not b	e printed on the	patent): 🔲 Individual 🛣 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed:    Salar	liscount permitted)	Payment	f Fee(s): in the amount of the fee(s) is end t by credit card. Form PTO-203 ector is hereby authorized by count Number 04-223	8 is attached.	credit any overpayment, to copy of this form).	
5. Change in Entity Status (from status			cant is no longer claiming SMA			
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